

Foster Family Home - Corrective Action Report

Provider ID: 4-120050

Home Name: Samuel Bumatay, CNA

448 North Wakea Avenue

Kahului

HI 96732

Review ID: 4-120050-10

Reviewer: Terri Van Houten

Begin Date: 10/21/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.

Terri Van Houten
Compliance Manager

Samuel Bumatay
Primary Care Giver

10/21/20
Date

10/23/20
Date